PS Form 3811, August 2001 Dome	estic Return Receipt 102595-02-M-1540
Article Number (Transfer from service label)	7002 0860 0000 1408 6572
	4. Restricted Delivery? (Extra Fee) ☐ Yes
	Certified Mail
·	3. Service Type
West Chester, OH. 45069	
8054 Mill Creek Circle	
Christopher S. Walsh	
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes ☐ If YES, enter delivery address below: ☐ No
Attach this card to the back of the mailpiece or on the front if space permits.	
 Print your name and address on the reverse so that we can return the card to you. 	Addressee
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature
SENDER: COMPLETE THIS SECTION	1035-SJD-TSH Document 4-3 Filed 06/15/2

Sender: Please print your name, address, and ZIP+4 in this box

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